

**TRANSMITTAL
FORM**

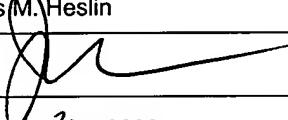
(to be used for all correspondence after initial filing)

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/692,424 |
| | | Filing Date | October 22, 2003 |
| | | First Named Inventor | MILLER, JOHN |
| | | Art Unit | Unassigned |
| | | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | | Attorney Docket Number | 021186-001520US |

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/O8A & PTO/SB/O8B |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------------|---|--|
| Firm or Individual | Townsend and Townsend and Crew LLP James M. Heslin | |
| Signature |  | |
| Date | November 20, 2003 | |

CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | Edward Masinas | | |
| Signature |  | Date | November 20, 2003 |

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PATENT
Attorney Docket No.: 021186-001520US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 11-20-03



TOWNSEND and TOWNSEND and CREW LLP

By: Edward Masinas
Edward Masinas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MILLER, John et al.

Application No.: 10/692,424

Filed: October 22, 2003

For: BALLOON CATHETER

Examiner: Unassigned

Art Unit: Unassigned

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. In accordance with 37 CFR §1.98(d), copies of the references can be found in Application No. 10/085,589, filed February 28, 2002 (Attorney Docket No. 021186-001510US). It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

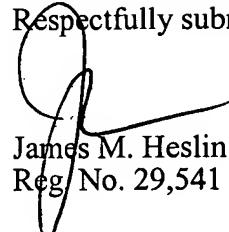
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


James M. Heslin
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP
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Tel: 650-326-2400
Fax: 650-326-2422
JMH:ewm
60085364 v1



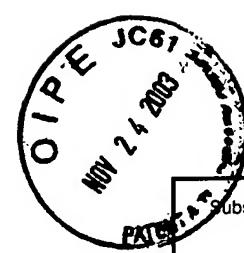
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|-------------------------------|---|----|---|--------------------------|------------------|
| Substitute for form 1449A/PTO | | | | <i>Complete if Known</i> | |
| | | | | Application Number | 10/692,424 |
| | | | | Filing Date | October 22, 2003 |
| | | | | First Named Inventor | Bui, John |
| | | | | Art Unit | Unassigned |
| | | | | Examiner Name | Unassigned |
| Sheet | 1 | of | 5 | Attorney Docket Number | 021186-001520US |

| U.S. PATENT DOCUMENTS* | | | | | |
|------------------------|-----------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| Examiner Signature | Date Considered |
|--------------------|-----------------|

¹ EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ² Applicant's unique citation designation number (optional). ³ Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ⁴ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁷ Applicant is to place a check mark here if English language Translation is attached.

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| Substitute for form 1449A/PTO | | | | Complete if Known | |
| | | | | Application Number | 10/692,424 |
| | | | | Filing Date | October 22, 2003 |
| | | | | First Named Inventor | Bui, John |
| | | | | Art Unit | Unassigned |
| | | | | Examiner Name | Unassigned |
| Sheet | 2 | of | 5 | Attorney Docket Number | 021186-001520US |

| U.S. PATENT DOCUMENTS* | | | | | |
|-------------------------------|-----------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| PATENT SUBSTITUTE for form 1449A/PTO | | | | Complete if Known | |
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| U.S. PATENT DOCUMENTS* | | | | | |
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| Examiner Signature | | | | Date Considered | |

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| | | Number | Kind Code ² (if known) | | |
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|---------------------------------|-----------------------|---------------------------|---|--------------------------------|--|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document |
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| | | |
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Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

| | | | | | |
|-------|---|-----------------------------|------------------|--------------------------|-----------------|
| | | | | Complete if Known | |
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| | | <i>Art Unit</i> | Unassigned | | |
| | | <i>Examiner Name</i> | Unassigned | | |
| Sheet | 5 | of | 5 | Attorney Docket Number | 021186-001520US |

NON PATENT LITERATURE DOCUMENTS

| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
|---------------------|-----------------------|--|----------------|
| | 129 | Commedore, Temporary Occlusion Balloon Catheter, at << http://www.cordis.com/Commodore_Balloon.cfm >>, visited on January 1, 2002, 8 pgs total. | |
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